

Entered - 04/02/04 - sb
CL - 04L0225 LISA CARTER

CLAIM OF: NORRIS RUCKER
1332 Whites Chapel Road
Elberton, Georgia 30635

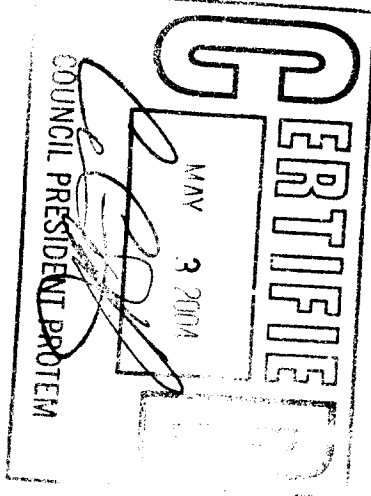
04- R -0693

For damages alleged to have been sustained as a result of striking
an uncovered manhole on February 28, 2004 at 2727 Memorial
Drive, SE.

THIS ADVERSED REPORT IS APPROVED

BY:

JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

LEGISLATION COMMITTEE

DATE 4/27/04

CHAIR: [Signature]

[Signature]
Mary Woodward
[Signature]
Cela [Signature]

ADVERSED

MAY 03 2004



CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

May 13, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30303
(404) 330-6033
FAX (404) 658-6273

Norris Rucker
1332 Whites Chapel Rd.
Elberton, GA 30635

04-R-0693

Dear Mr. Rucker:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0225

Date: April 13, 2003

Claimant /Victim NORRIS RUCKER

BY: (Atty) (Ins. Co.) _____

Address: 1332 Whites Chapel Road Elberton, Georgia 30635

Subrogation: _____ Claim for Property damage \$ 8,696.80 Bodily Injury \$ _____

Date of Notice: 03/11/04 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 02/28/04 Place: 2727 Memorial Drive, SE

Department Watershed Management Bureau: _____ Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his vehicle was damaged as a result of striking an uncovered manhole at 2727 Memorial Drive, SE. However, the city was not on notice of the existence of the problem prior to the incident involving the claimant. Furthermore, the city is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

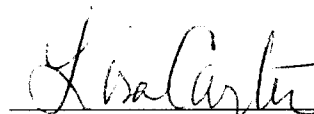
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 04/15/04

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3-8-04

ENTERED - 4-2-04 - SB
04L0225 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 8,698.80 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 2/28/04 (month/day/year) 2. Time of Incident: 3:15 3. Police called: X Yes No

4. Location of incident (including street address) 2727 Memorial Dr. SE Atlanta GA 30317

5. Name of your insurance company: State Farm Policy No. 938281-009-118

6. State what and how incident occurred: Traveling east on Memorial Dr. and hit a man-hole uncovered or missing its cover.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Chevrolet 1995 6AP70 Brandon Rucker
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Ira Armour 3737 Redan Rd Apt 1303 Decatur GA 404-395-6577
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Norris Rucker
Signature of Claimant

Norris Rucker
(Print Claimant's Name)

1332 Whites Chapel Rd
(Address)

Elberton GA 30635
(City, State and Zip Code)

706-283-0289
(Work Number) (Home Number)

04-R-0693